Name in Full: Chester Aydelott

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Near Pocomoke City; County: Worcester

Date of death: Month: Dec; Day: 31; Year: 1904; Age: Years: 1; Months: 5; Days:

Sex: Male; Color or Race: colored; Birthplace: Worcester Co

Occupation: Infant; Where Residing if not at place of death: " "

Married, Single or Widowed: " "; Name of Wife or Husband: —

TO BE ANSWERED BY NEAREST FRIEND

Father's Name: Harry Wilson; Father's Birthplace: " "

Mother's Maiden Name: Hattie Aydelott; Mother's Birthplace: " "

Name of person giving information: Isaac T Roberts; How related to deceased: Neighbor

CAUSES OF DEATH

Primary: Malarial Fever; How long: 2 wks

Immediate: Congestion of Brain; How long:

PHYSICIAN OR CORONER

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: David S Lunn

Address: Pocomoke City Md

Accident or Suicide?

LIBRARY BUREAU A66616

Name in Full: Mrs Ruth A D Baker

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Showells; County: Worcester

Date of death: Month: Dec; Day: 4; 1904; Age: Years: 26; Months; Days

Sex: Female; Color or Race: White; Birthplace: Maryland

Occupation: House work; Where Residing if not at place of death: At Home

Married, Single or Widowed: single; Name of Wife or Husband: None

Father's Name: Joseph J Baker; Father's Birthplace: Maryland

Mother's Maiden Name: Mary A Williams; Mother's Birthplace: Maryland

Name of person giving information: ?; How related to deceased:

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Consumption; How long: 12 Months

Immediate: No; How long: 12 Months

Are the name, age, sex, color, date and place correctly given above? yes

Signature of Physician: R P Collins

Address: Berlin Md

I Bayard Bishopsville Md

~~Accident or Suicide?~~

LIBRARY BUREAU A88518

Name in Full: Gus Bettinds

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Emporia — County:

Date of death: Month: 12 — Day: 8 — Years: Age 102 — Months: — Days:

Sex: Male — Color or Race: Blk — Birthplace: Md

Occupation: None — Where Residing if not at place of death: —

Married, Single or Widowed: Widower — Name of Wife or Husband: —

Father's Name: — Father's Birthplace: Md

Mother's Maiden Name: — Mother's Birthplace: Md

Name of person giving Information: Chas Timmons — How related to deceased: Son in Law

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

Primary: Senile Debility — How long: for years

Immediate: Worn out — How long:

Are the name, age, sex, color, date and place correctly given above? yes

Signature of Physician: Had Morris

Address:

Accident or Suicide?

PHYSICIAN OR CORONER

LIBRARY BUREAU A88816

Name in Full: Jacues Blizard

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Ironshire; County: Worcester

Date of death: Month: 12; Day: 29; Year: 1904; Age: Years: 78; Months: —; Days: —

Sex: Male; Color or Race: White; Birthplace: Ire

Occupation: None; Where Residing if not at place of death: —

Married, Single or Widowed: Widower; Name of Wife or Husband: —

TO BE ANSWERED BY NEAREST FRIEND

Father's Name: —; Father's Birthplace: —

Mother's Maiden Name: —; Mother's Birthplace: —

Name of person giving information: Robt. Mumford; How related to deceased: None

CAUSES OF DEATH

Primary: General Debility — How long: 154

Immediate: — How long: —

PHYSICIAN OR CORONER

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician: Robt Mumford

Address: Ironshire Md

Accident or Suicide?

LIBRARY BUREAU A66818

Name in Full: Augusta Bratten

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Snow Hill; County: Worcester

Date of death 1904: Month: Dec; Day: 27; Years: Age 69; Months: 10; Days: 29

Sex: Female; Color or Race: White; Birthplace: Md

Occupation: —; Where Residing if not at place of death: Snow Hill

Married, Single or Widowed: Widow; Name of Wife or Husband: George Bratten

Father's Name: Joseph Richardson; Father's Birthplace: Md

Mother's Maiden Name: —; Mother's Birthplace: Md

Name of person giving Information: Mr E Bratten; How related to deceased: Son

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Exposure

How long

Immediate: Pleuritis

How long: 10 days

Are the name, age, sex, color, date and place correctly given above? yes

Signature of Physician: Paul Jones

Address

Accident or Suicide?

LIBRARY BUREAU A85516

Name in Full: Paul Britting Rowe

CERTIFICATE OF DEATH

MARYLAND

TO BE ANSWERED BY NEAREST FRIEND

Died at: Town: Berlin; County: Worcester

Date of death: Month: 12; Day: 2; 1904

Age: Years: —; Months: 4; Days: —

Sex: Male; Color or Race: White; Birthplace: Snow Hill

Occupation: —; Where Residing if not at place of death: —

Married, Single or Widowed: —; Name of Wife or Husband: —

Father's Name: Thos Britting Rowe; Father's Birthplace: Salisbury

Mother's Maiden Name: Martha Taylor; Mother's Birthplace: Near Newark

Name of person giving Information: Thos Britting Rowe; How related to deceased: Father

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Marasmus (51); How long: 4 mos

Immediate: —; How long: —

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: Elbe Holland M.D.

Address: Berlin

Accident or Suicide? —

LIBRARY BUREAU ASSSTS

Name in Full: Minnie Bundick

CERTIFICATE OF DEATH

MARYLAND

TO BE ANSWERED BY NEAREST FRIEND

Died at: Town: Near Pocomoke City — County: Worcester

Date of death: Month: Dec — Day: 2 — Year: 1904 — Age: Years: — Months: — Days: 2

Sex: Male — Color or Race: Colored — Birthplace: Worcester Co

Occupation: None — Where Residing if not at place of death: Worcester Co

Married, Single or Widowed: Single — Name of Wife or Husband: Harriet Bundick

Father's Name: John Bundick — Father's Birthplace: Dont Know

Mother's Maiden Name: Harriet Bunnell — Mother's Birthplace: Worcester Co

Name of person giving Information: George Whaley — How related to deceased: None

Pocomoke City

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Dont Know — How long: 2 days

Immediate: " " — How long: 2 days

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: No Physician

Address: Geo Whaley

Pocomoke City Md

Accident or Suicide?

LIBRARY BUREAU A88816

Name in Full: William Carey 12-05-V

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: New Newark — County: Worcester

Date of death: Month: 12 — Day: 10 — 1904

Age: Years: 72 — Months: — — Days: —

Sex: Male — Color or Race: Blk — Birthplace: Md

Occupation: Farmer — Where Residing if not at place of death: —

Married, Single or Widowed: Widower — Name of Wife or Husband: —

Father's Name: — — Father's Birthplace:

Mother's Maiden Name: — — Mother's Birthplace:

Name of person giving In formation: Isaac Carey — How related to deceased: Son

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

Primary: Frozen to Death — How long: —

Immediate: — How long: —

PHYSICIAN OR CORONER

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician: —

Address: —

Accident or Suicide?

1-7-0

LIBRARY BUREAU A69816

Name in Full: Virgil Corddry

CERTIFICATE OF DEATH

MARYLAND

Died at — Town: Snow Hill — County: Worcester

Date of death: 1904 — Month: 12 — Day: 23 — Age: Years: — Months: 19 — Days: 9

Sex: Male — Color or Race: Caucasian — Birthplace: Snow Hill, Md.

Occupation: none — Where Residing if not at place of death: Snow Hill, Md.

~~Married~~, Single or ~~Widowed~~ — Name of ~~Wife~~ or ~~Husband~~:

Father's Name: W. W. Corddry Jr. — Father's Birthplace: Snow Hill

Mother's Maiden Name: Stagg — Mother's Birthplace: New Jersey

Name of person giving information: W. W. Corddry Jr. — How related to deceased: Father

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TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

Primary: Membranous Croup — How long: 48 hours

Immediate: — — How long: —

PHYSICIAN OR CORONER

Are the name, age, sex, color, date and place correctly given above? yes

Signature of Physician: W. W. Straughn M.D.

Address: Snow Hill, Md.

~~Accident~~ or Suicide?

LIBRARY BUREAU A85816

Name in Full: Peter Coston

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: near Pocomoke City; County: Worcester

Date of death 1904: Month: Dec 31; Day: 31st; Years: 83; Months: ; Days:

Sex: Male; Color or Race: Colored; Birthplace: Worcester Co

Occupation: Laborer; Where Residing if not at place of death: "

Married, Single or Widowed: Single; Name of Wife or Husband: widower

Father's Name: Saml Coston; Father's Birthplace: Worcester

Mother's Maiden Name: Betsey Fisher; Mother's Birthplace: "

Name of person giving In formation: Isaac Roberts; How related to deceased: neighbor

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TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: asthma; How long: 2 years

Immediate: exhaustion; How long:

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician: Saml L Fassett

Address: Pocomoke City

Accident or Suicide?

LIBRARY BUREAU A66816

Name in Full: Emeline Davis

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Kelleys — County: Worcester

Date of death: Month: Dec — Day: 16 — 1904 — Age: Years: 65 — Months — Days

Sex: Female — Color or Race: White — Birthplace: Delaware

Occupation: Housewife — Where Residing if not at place of death: at home

Married, Single or Widowed: Married — Name of Wife or Husband: John Davis

Father's Name — Father's Birthplace

Mother's Maiden Name — Mother's Birthplace

Name of person giving Information: W. P. Reece — How related to deceased: None

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

Primary: Chronic Heart Disease — How long

Immediate: Congestion of Lungs — How long

PHYSICIAN OR CORONER

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: Louis W. Purnell MD

Address: Berlin Md

Accident or Suicide?

LIBRARY BUREAU A6S818

Name in Full: Jas A Finney

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Poolesville County: Montgomery

Date of death: 1904 Month: Dec Day: 25

Age: Years: 1 Months: 1 Days:

Sex: Male Color or Race: colored Birthplace: Poolesville Md

Occupation: Infant Where Residing if not at place of death: Poolesville Md

Married, Single or Widowed: M Name of Wife or Husband: —

Father's Name: Andrew Finney Father's Birthplace: Accomac Co Va

Mother's Maiden Name: Laura A Collins Mother's Birthplace: Montgomery Co

Name of person giving information: Andrew Finney How related to deceased: Father

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

Primary: Convulsions How long: 4 months

Immediate: Blood Poison How long: a few days

PHYSICIAN OR CORONER

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: Jas A Fearson

Address: Poolesville Md

Accident or Suicide?

LIBRARY BUREAU A66616

Name in Full: Thorn

CERTIFICATE OF DEATH

MARYLAND

Died at — Town: Pocomoke — County: Worcester

Date of death: Month: 12 — Day: 8 — Years: — — Months: — — Days: —

Sex: Male — Color or Race: Colored — Birthplace: Md.

Occupation: none — Where Residing If not at place of death:

Married, Single or Widowed: single — Name of Wife or Husband:

Father's Name: Raymond Hoyis — Father's Birthplace: Md

Mother's Maiden Name: Blanche Thorn S. — Mother's Birthplace: Md

Name of person giving information: — How related to deceased:

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Stillborn — How long: —

Immediate: — How long: —

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician: H. N. Wallis

Address: Pocomoke City

Accident or Suicide?

LIBRARY BUREAU A66516

Name in Full: Stephen Johnson

CERTIFICATE OF DEATH

MARYLAND

Died at — Town: Snowhill — County: Worcester

Date of death 1904 — Month: 12 — Day: 13 — Age — Years: 70 — Months: Mad — Days: —

Sex: Male — Color or Race: Colored — Birthplace: Md

Married, Single or ~~Widowed~~ — Occupation: Laborer

Name of Wife or Husband: —

Father's Name: — — Father's Birthplace: Md

Mother's Maiden Name: — — Mother's Birthplace: Md

Name of person giving Information — How related to deceased

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

Primary: Gastritis — How long: 1 week.

Immediate — How long

PHYSICIAN OR CORONER

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician

Address: Jno. A Sydnestricker

Accident or Suicide?

LIBRARY BUREAU A88512

Name in Full: Nat Law

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Bishopsville — County: Worcester

Date of death: Month: Dec — Day: 8 — 1904

Age: Years: 80 — Months — Days

Sex: Male

Color or Race: Mulatto

Birthplace: Maryland

Occupation: Labourer

Where Residing if not at place of death: At Home

Married, Single or Widowed: Widdower

Name of Wife or Husband: Mary Curry

Father's Name: Dont Know

Father's Birthplace

Mother's Maiden Name: Jane Law

Mother's Birthplace: Md

Name of person giving Information: Eliza Law

How related to deceased: Dau

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

Primary: Dropsy — How long: 2 years

Immediate: No — How long

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: R D Collins

Address: Bishopville Md

Accident or Suicide? No

PHYSICIAN OR CORONER

T Wayne Bishopsville

LIBRARY BUREAU A88316

Name in Full: Dan Ann M. Lewis

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Snow Hill — County: Worcester

Date of death	Month	Day	Years	Months	Days
1904	Dec	10	Age 84	11	

Sex: Female — Color or Race: white — Birthplace: Md.

Occupation: — Where Residing if not at place of death:

Married, Single or Widowed: — Name of Wife or Husband:

Father's Name: Henry Lewis — Father's Birthplace: Md

Mother's Maiden Name: — Mother's Birthplace: Md

Name of person giving information: Dan Lewis — How related to deceased: Son

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TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

Primary: Old age — How long: 3 weeks

Immediate: Natural decline — How long: 3 weeks

PHYSICIAN OR CORONER

Are the name, age, sex, color, date and place correctly given above? yes

Signature of Physician: Paul Jones

Address: Snow Hill Md

Accident or Suicide? —

LIBRARY BUREAU A66816

Name in Full: William Purnell

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Berlin; County: Worcester

Date of death: Month: Dec; Day: 26; Year: 1904

Age: 28 Months: — Days: —

Sex: Male

Color or Race: Black

Birthplace: Maryland

Occupation: School Teacher

Where Residing if not at place of death:

~~Married~~, Single or ~~Widowed~~

Name of Wife or Husband:

TO BE ANSWERED BY NEAREST FRIEND

Father's Name: Edward Purnell

Father's Birthplace: Maryland

Mother's Maiden Name: [illegible]

Mother's Birthplace:

Name of person giving information: William Riddell

How related to deceased: none

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Lobar Pneumonia — How long: 9 days

Immediate: Acute Tuberculosis — How long: 14 days

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: C W Dirickson

Address: Berlin Md

Accident or Suicide?

LIBRARY BUREAU A88516

Name in Full: Daisy Bryan

CERTIFICATE OF DEATH

MARYLAND

TO BE ANSWERED BY NEAREST FRIEND

Died at: Town: Bishopville — County: Worcester

Date of death: Month: Dec — Day: 2 — 1904

Age: Years: 21 — Months — Days

Sex: Female — Color or Race: White — Birthplace: Maryland

Occupation: School Teacher — Where Residing if not at place of death: At Home

Married, Single or Widowed: Single — Name of Wife or Husband: None

Father's Name: John M Bryan — Father's Birthplace: Delaware

Mother's Maiden Name: Annie D Camphell — Mother's Birthplace: Maryland

Name of person giving In formation: Painter Watson — How related to deceased: None

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Consumption — How long: 12 Months

Immediate: None — How long: 12 Months

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: R P Collins

Address: Bishopville Md

Accident or Suicide? No Md

T Bryan Bishopville

LIBRARY BUREAU A66916

Name In Full

Certificate of Death

Reuben Schaefer

Died at Ocean City — Town — Worcester — County — MARYLAND

Date 1904 — Month Dec. — Day 14 — Age Y. 1 M. 2 D. — Native of Maryland — Occupation —

~~Male~~ Female — White — ~~Colored~~ — ~~Married~~ Single — ~~Widow~~ Widower — ~~Divorced~~ — Number of children living 2

Husband / Wife of Annie M K Schaefer

Father's Name Joseph Schaefer — Mother's Maiden Name Annie M K Ruser

Cause of Death — Primary Stone Contagious — How long sick 3 days

Immediate — ~~Accident, Suicide, Homicide~~

Reported by Dr Wm J Hearne

Address Ocean City Md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 70898

Name in Full: James Spence

CERTIFICATE OF DEATH

Died at: Town: Berlin — County: Worcester — MARYLAND

Date of death 1904 — Month: Dec — Day: 27 — Years: Age 23 — Months — Days

Sex: male — Color or Race: Black — Birthplace: Maryland

Occupation — Where Residing if not at place of death

Married, Single or Widowed — Name of Wife or Husband

Father's Name: James Spence — Father's Birthplace: Maryland

Mother's Maiden Name: Sherlott Spence — Mother's Birthplace: Maryland

Name of person giving Information: James Spence — How related to deceased: Father

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

Primary: Consumption — How long: 6 months

Immediate — How long

PHYSICIAN OR CORONER

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: Ebe Holland

Address: Berlin Md

Accident or Suicide?

LIBRARY BUREAU A88518

Name in Full: Benjamin Tull

CERTIFICATE OF DEATH

MARYLAND

Died at — Town: Pocomoke City — County: Worcester

Date of death 1904 — Month: Dec — Day: 22 — Years: Age 60 — Months — Days

TO BE ANSWERED BY NEAREST FRIEND

Sex: Male — Color or Race: White — Birthplace: Worcester Co

Occupation: Farmer — Where Residing if not at place of death: near Pocomoke City

Married, Single or Widowed: Married — Name of Wife or Husband: Letitia A Smith

Father's Name: Benj Tull — Father's Birthplace: Worcester Co

Mother's Maiden Name: Betty — Mother's Birthplace: " "

Name of person giving In formation: Eugene Tull — How related to deceased: Son

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Cystitis & Nephritis — How long: 9 years

Immediate: Uremic Poisoning — How long:

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: Jas A Quinn

Address: Pocomoke City Md

Accident or Suicide?

LIBRARY BUREAU A66616

Name in Full

Certificate of Death

King. D. Williams

Died at Town Gudleys County Worcester MARYLAND

Date 19 04 Month 12 Day 24 | Age Y. 0 M. 5 D. 29 | Native of Md | Occupation ——

Male ~~Female~~ | ~~White~~ Colored | Married ~~Single~~ | Widow ~~Widower~~ Divorced | Number of children living ——

Husband of ——
Wife

Father's Name Riley J. Williams | Mother's Maiden Name Hester Redden

Cause of Death: Primary Pneumonia | How long sick 3 days

Immediate Exhaustion | Accident, Suicide, Homicide

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Reported by C. H. Bernard M.D.

Address Gudleys Worcester Co.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 73898